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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231, ON:

Date: November 23, 2001

By: Gerald F. Swiss

Patent Attorney's Docket No. 033136-087

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

COPY OF PAPERS
ORIGINALLY FILED

In re Patent Application of)
Hamet, et al.) BOX NON-FEE AMENDMENT
Application No.: 09/480,260) Group Art Unit: 1651
Filed: January 11, 2000) Examiner: M. Meller
For: PRE-CONDITIONING AGAINST CELL)
DEATH)

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TECH CENTER 1600/2900

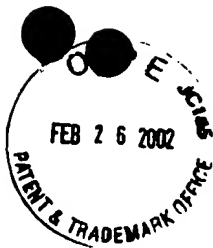
AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- [] A Petition for Extension of Time is also enclosed.
- [] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.
- [X] Also enclosed is acknowledgment postcard
- [] Small entity status is hereby claimed
- [] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).



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Amendment/Reply Transmittal Letter

Application No. 09/480,260

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☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

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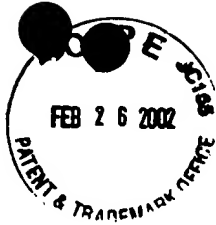
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AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (103) =	
Independent Claims		MINUS =		× \$84.00 (102) =	
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

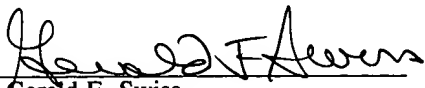


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Respectfully submitted,

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November 23, 2001

Date:

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